

HEALTH ASSESSMENT (for children under age 2)

- Was (child's name) ever breastfed? ☐ Yes ☐ No ☐ Unknown
- At what age did (child's name) first have formula? _____ weeks (1-78) ☐ Not started ☐ Unknown
- At what age did (child's name) stop breastfeeding? _____ weeks (1-78) ☐ Not stopped ☐ Unknown
- Why did (child's name) stop or never start breastfeeding? ☐ Medical condition mom/infant
- ☐ Inadequate milk supply ☐ Breastfeeding management problem ☐ Mom returning to work/school
- ☐ Other (describe): _____
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NUTRITION ASSESSMENT (all children)

During the assessment interview, probe deeper using open-ended questions: *Tell me more..., Explain more about..., How do you..., What are your thoughts about..., What has your medical provider recommended..., What has your experience been..., What have you heard about... What have you tried..., What has worked for you...*

Health/Medical

I am going to ask you some questions about your child's health. Then we will come back and address any concerns or questions that you may have. Is that all right with you?

1. How is (child's name) doing? _____
2. Has your doctor identified any health problems or medical conditions for (child's name)?
 - ☐ No concerns
 - ☐ Concerns (Describe) _____

[134, 201, 341, 342, 343, 344, 345, 346, 347, 348, 349, 351, 352.1, 352.2, 353, 354, 355, 356, 359, 360, 362, 381, 382]
3. Is (child's name) currently taking any medications?
 - ☐ No
 - ☐ Unknown
 - ☐ Yes (list medications): _____ [357]
4. How do you feel about (child's name)'s growth?
 - ☐ No concerns
 - ☐ Concerns (Describe): _____
5. Has (child's name) had a blood lead test?
 - ☐ No ☐ Declined ☐ Yes
6. How do you take care of (child's name)'s teeth? _____ [381]

7. It helps if we know where you go for medical care. Where do you take (child's name) for medical care?

☐ No provider

☐ Declined

☐ Unknown

☐ Provider: _____

8. How often do you take (child's name) for medical care?

_____ Next appointment: _____

Lifestyle

We ask everyone the following questions. They have to do with health and safety.

1. What kinds of play does (child's name) do most days? (Describe – examples: indoor games, ball, rides bike, exercise class, etc.)

Frequency – times per week (opt.) _____ Length of time in minutes (opt.) _____

2. How many hours of screen time (TV, computer, video games, movies, videos, DVDs, Game Boy, etc.) does (child's name) get in a typical day?

3. Does anyone living in your house smoke *inside* the home?

☐ No

☐ Declined

☐ Yes [904]

Nutrition/Health

I am going to ask you some questions about your child's diet. Then we will come back and address any concerns or questions you may have. Is this all right with you?

1. How is (child's name)'s appetite?

☐ Excellent

☐ Good

☐ Fair

☐ Poor

☐ Other (Tell me more) _____ [425.06]

2. What foods does (child's name) typically eat? _____

_____ [425.04, 425.05, 425.06, 902]

3. How often does (child's name) usually eat?

Number of meals _____ Number of snacks _____ Other: _____ [425.06, 902]

4. How do you help (child's name) with eating? _____

What does (child's name) do to feed herself/himself? _____

_____ [425.04]

5. Does (child's name) ever seem to choke or gag when eating?
☐ No
☐ Yes
Tell me more: _____ [425.04]
6. How do you know when (child's name) is hungry or full? _____
_____ [425.04]
7. Are there foods you limit or avoid feeding (child's name) for any reason, including food allergies?
☐ No
☐ Yes
Tell me more: _____ [353, 355, 362, 425.06, 902]
8. Tell me what (child's name) drinks from, such as a cup or bottle.
☐ Bottle
☐ Breast
☐ Cup
☐ Sippy cup
☐ Refused
☐ Other: _____ [425.03]
9. Tell me what (child's name) routinely drinks most days: _____
_____ [425.01, 425.02]
10. Does (child's name) regularly eat things other than food?
☐ No
☐ Declined
☐ Yes (Describe – example: dirt, clary, carpet, etc.) _____ [425.09]
11. Does (child's name) take any vitamins, minerals, herbs or dietary supplements?
☐ No
☐ Declined
☐ Yes
What and how much? _____ [425.07, 425.08]
12. Does (child's name) use pacifiers that have been dipped in liquids or food?
☐ No
☐ Declined
☐ Yes
Tell me which liquids or foods are used to dip the pacifiers: _____ [425.03]
13. During the last 6 months, have you run out of money to buy food?
☐ No
☐ Declined
☐ Yes [425.06]
12. Given all we have talked about, what nutrition or health questions do you have today?
☐ No questions/concerns
☐ Questions/concerns

USDA CODE	NUTRITION RISK CRITERIA	USDA CODE	NUTRITION RISK CRITERIA
103	UNDERWEIGHT OR AT RISK OF UNDERWEIGHT	357	DRUG-NUTRIENT INTERACTIONS
113	OBESE (CHILDREN 2-5 YEARS OF AGE)	359	RECENT MAJOR SURGERY, PHYSICAL TRAUMA, BURNS
114	OVERWEIGHT OR AT RISK OF BECOMING OVERWEIGHT	360	OTHER MEDICAL CONDITIONS
115	HIGH WEIGHT-FOR-LENGTH (CHILDREN < 24 MOS OF AGE)	362	DEVELOPMENTAL, SENSORY, MOTOR DISABILITIES INTERFERING W/ ABILITY TO EAT
121	SHORT STATURE OR AT RISK OF SHORT STATURE	381	ORAL HEALTH CONDITIONS
134	FAILURE TO THRIVE	382	FETAL ALCOHOL SYNDROME
141	LOW BIRTH WEIGHT	401	FAILURE TO MEET DIETARY GUIDELINES FOR AMERICANS
142	PREMATURITY	425	INAPPROPRIATE NUTRITION PRACTICES FOR CHILDREN
201	LOW HEMATOCRIT/LOW HEMOGLOBIN	425.01	PRIMARY MILK SOURCE INAPPROPRIATE
341	NUTRIENT DEFICIENCY DISEASES	425.02	ROUTINELY FEEDING SUGAR-CONTAINING FLUIDS
342	GASTO-INTESTINAL DISORDERS	425.03	INAPPROPRIATE BOTTLE, CUP, PACIFIER USE
343	DIABETES MELLITUS	425.04	ROUTINELY USING FEEDING PRACTICES THAT DISREGARD DEVELOPMENTAL NEEDS/STAGES
344	THYROID DISORDERS	425.05	FEEDING POTENTIALLY HARMFUL FOODS
345	HYPERTENSION	425.06	DIET LOW IN CALORIES/NUTRIENTS
346	RENAL DISEASE	425.07	DIETARY SUPPLEMENTS W/ POTENTIALLY HARMFUL CONSEQUENCES
347	CANCER	425.08	NO DIETARY SUPPLEMENTS
348	CENTRAL NERVOUS SYSTEM DISORDERS	425.09	EATING NONFOOD ITEMS (PICA)
349	GENETIC AND CONGENTICAL DISORDERS	428	DIETARY RISK – COMPLEMENTARY FEEDING PRACTICES
351	INBORN ERRORS OF METABOLISM	501	POSSIBILITY OF REGRESSION
352.1	INFECTIOUS DISEASES - ACUTE	502	TRANSFER OF CERTIFICATION
352.2	INFECTIOUS DISEASES - CHRONIC	801	HOMELESSNESS
353	FOOD ALLERGIES	802	MIGRANCY
354	CELIAC DISEASE	902	CHILD OF PRIMARY CAREGIVER W/ LIMITED ABILITY TO MAKE FEEDING DECISIONS AND/OR PREPARE FOOD
355	LACTOSE INTOLERANCE	903	FOSTER CARE
356	HYPOGLYCEMIA	904	EXPOSURE TO ENVIRONMENTAL TOBACCO SMOKE